

**DPH Contract Monitoring, Compliance and Quality Management Functions (Updated Mar 2023)**

Area of Assessment/ Monitoring	Functions	Frequency	DPH Responsibility Areas			
			Business Office of Contract Compliance (BOCC)	Office of Compliance and Privacy Affairs	Quality Management (QM)/Quality Improvement (QI)	System of Care (SOC)
<b>1. Client Input</b>						
Whistle-Blower Audits	DPH Office of Compliance and Privacy Affairs is the lead for follow-up on Whistle Blower complaints. May require assistance from BOCC or QM in conducting audits/investigations. QM is developing clinic-based documentation coaching sessions for programs where documentation problems have been identified through compliance chart audits.	On demand	<b>X</b>	<b>X</b>	<b>X</b>	
Grievances, Client Complaints (pre-formal grievance), Appeals, and State Fair Hearings	<b>Behavioral Health Services (BHS)-QM:</b> <i>Reporting structure dictated by MediCal regulations</i> -investigate and responds to formal grievances (client generated complaints), appeals, and State Fair Hearings. Trends in grievances are monitored and reported at a monthly Risk Management meeting with contract agency representation, where possible program-specific and system improvement issues are identified and subsequently brought to the Quality Improvement Committee. Information is shared with BOCC upon request to identify patterns/trends that speak to overall agency health.	On demand; Annual Grievance and Appeal Report to DHCS	<b>X</b>		<b>X</b>	<b>X</b>
	<b>Other Sections:</b> SOC responds to and investigates client complaints and grievances. As needed, SOC involves other sections in responding and determining next steps. HIV Health Services funds an HIV Consumer Advocacy Project to mediate and resolve client complaints and greivances related to provided services.					
Shelter Monitoring	The Board of Supervisors established standards by which City shelters provide services to shelter clients. The DPH Shelter Monitoring Committee is charged with receiving complaints about shelter operations and forwarding <u>unresolved</u> complaints to DPH Staff for investigation. DPH staff members conduct these investigations and prepare and submit written reports summarizing their findings to the Committee. The Committee and DPH representatives provide quarterly reports to the Board of Supervisors regarding the disposition of these complaints.	On demand				X  This is a centralized function, not done by each SOC section in DPH

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<b>1. Client Input, continued</b>						
Assessing Client Satisfaction	<b>BHS QM:</b> collects, analyzes and reports on client satisfaction with mental health services and substance use treatment services once each year, using standardized consumer perception surveys required by DHCS for all treatment programs billing Medi-Cal, or customized surveys approved by BHS. Standardized program level reports are generated and posted to the DPH public website, and are shared with the BOCC for Monitoring Reports. Customized surveys are provided to BOCC at the time of site monitoring. BOCC confirms via the Declaration of Compliance that agencies completed a survey, conducted analysis, and shared the results with staff and/or Board of Directors.	BHS-MH twice annually; SUD once annually	<b>X</b>		<b>X</b>	
	<b>Other Sections:</b> All sections do client satisfaction surveys (typically customized, not standardized). For all sections, BOCC confirms via the Declaration of Compliance that agencies completed a survey, conducted analysis, and shared the results with staff and/or Board of Directors.	Other sections annually				
External Quality Review Client Focus Groups (four)	<b>BHS:</b> An External Quality Review Organization (EQRO) contracted by DHCS conducts two focus groups with consumers (clients) utilizing mental health services, and two focus groups with consumers utilizing substance use services, including culturally-specific focus groups with translators. Focus groups address access to care, quality of care, and cultural competence of services and staff. Focus group reports and recommendations are included in the EQRO reports sent to DHCS and BHS administration annually. Progress on recommendations are reviewed at subsequent EQRO reviews.	Annually			<b>X</b>	<b>X</b>
Parent-reported outcomes for Child, Youth, and Family Outcomes	<b>BHS</b> is mandated to collect and monitor parent-reported outcomes on the Pediatric Symptom Checklist (PSC) every six months. The administration of the PSC-35 in the San Francisco's Children, Youth, & Family System of Care began in October 2018. After the first two years of administration, data were to be examined and formal, periodic reporting of aggregate data was to be developed. Due to the COVID-19 crisis, staffing shortages, and the implementation of CalAIM this process has been delayed. Examination of the PSC-35 data since October 2018 and development of periodic reports will occur as soon as the task can be prioritized.	Every 6 months			<b>X</b>	<b>X</b>
HIV Community Planning Council	<b>HIV Health Services and HIV Prevention Services:</b> This collaborative body fulfills Federal mandated functions to receive Federal HIV funding, including reviewing utilization data, updates on aggregate HIV+ client quality of care, as well as monthly details and annual trends of client service grievance and complaint issues provided by the HIV Consumer Advocate. One-third of the HCPC appointed members (of 50 seats) are un-affiliated consumers of HIV services.	Monthly				X

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<b>2. Quality of Care</b>						
Chart Audits - Quality of Documentation (and connection to treatment plan), and Billing Selection	<b>DPH Office of Compliance and Privacy Affairs</b> conducts chart audits focused on proper documentation meeting Medical Necessity following State and Federal standards. Goal is to audit approximately one-third of all affected contractors' programs annually. BHS, QM is staffing its team to provide system-wide documentation training, as well as customized clinic-based documentation training and coaching sessions for programs where documentation problems have been identified through compliance chart audits.	Frequency model under development for CBOs		<b>X</b>	<b>X</b>	<b>X</b>
Mental Health Services Act (MHSA) funded Program Reports	<b>MHSA Staff:</b> Monitors program performance by requiring MHSA programs to submit Mid-year and Year-end Program Reports. These reports are composed of a demographic and narrative section as required by MHSA legislation and contractual compliance, respectively. Full Service Partnership Programs submit separate (narrative and demographic) reports, while Early Childhood Mental Health Consultation Initiative Programs submit a separate narrative report. The narrative report highlights the program progress on performance objectives, key program changes, challenges, lessons learned, client satisfaction, and client success stories. The demographic report, designed to meet MHSA data collection and reporting requirements, includes various client data. Demographic report data includes: total number of individuals/family members served, age, sex at birth, current gender identity, race/ethnicity, veteran status, and language. Also, the demographic report includes the following: outreach, underserved populations served, population with severe mental illness served, referrals, average duration of untreated mental illness, and number of successful referral linkages. MHSA and <b>QM</b> provide support and training to the programs on data collection and reporting requirements on a periodic basis throughout the year via the IMPACT meetings. QM Program Evaluators are also available to meet individually with the programs to assist with evaluation activities as required for the Program Reports.	Mid-Year (June 1 - Dec. 31) and Year-End (entire FY) Program Reports			<b>X</b>	<b>X</b>
Staff Credentialing/Morrissey Program	Verify the credentials of licensed Civil Service, contractor and private provider network staff, by entering collected data into Morrissey, the computer based system used to confirm license status.	Ongoing		<b>X</b>		

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<b>2. Quality of Care, continued</b>						
Unusual Occurrences (UOs) and Critical Incident Reviews (CIRs)	<b>BHS-QM</b> receives, monitors, and investigates Unusual Occurrences (UOs) for all BHS programs. In addition, all client suicides and homicides are subject to a Critical Incident Review (CIR) with program staff at the client’s treatment program. Trends of all incident types are monitored and reported at a monthly Risk Management meeting with contract agency representation, as are all CIR investigation reports, where program-specific and system improvement issues are identified and subsequently brought to the Quality Improvement Committee for further action. Programs receive specific program-focused written feedback following a CIR investigation, including recommendations for improving quality of care. Information is shared with BOCC upon request to identify patterns/trends that speak to overall agency health.	Ongoing monitoring, monthly reporting	<b>X</b>		<b>X</b>	<b>X</b>
State Audits	<b>BHS</b> has triennial Mental Health Medi-Cal audits and annual Drug Medi-Cal audits conducted by the State DHCS that review the service delivery system and its components, as well as chart audits. BHS also undergoes separate Mental Health and Substance Use annual state-mandated External Quality Reviews, which monitor compliance with state contract requirements, including timely access to care, clinical outcomes, cultural competence, and IT system capabilities. EQRO reviewers conduct interviews with CBO Directors and line staff, and conduct three to five focus groups of consumers from both CBOs and civil service programs. The Office of Compliance and Privacy Affairs also oversees the Federal audits (e.g. PERM, CERT, and CMS Audits, including the OIG Audits).	Mental Health Medi-Cal Audit every three years; Drug Medi-Cal Audit annually; External Quality Review (EQRO) every year for both MH and SUD.		<b>X</b>	<b>X</b>	<b>X</b>
Assessing Performance on Contract Objectives	<b>BHS:</b> Analysts from SOC, QM and BOCC track performance on contract objectives from Avatar and other outcome or QM data sources. Reports on the status of most performance objectives are generated and available on demand in the Avatar Reports list, or are posted quarterly on the public DPH website in the Quality Management section.  <b>Other Sections:</b> SOC tracks contractor performance based on regular progress reports submitted by contractors to SOC, and may adjust objective goals over time to reflect program improvements. BOCC reviews progress towards performance objectives during annual monitoring visits or desk audits.	Ongoing and during annual monitoring visits or desk audits	<b>X</b>		<b>X</b>	<b>X</b>

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<b>2. Quality of Care, continued</b>						
Monitoring Client Outcomes	<p>BHS QM: manages the collection, analysis, and reporting of mental health (CANS [children and youth] and ANSA[adults]) and substance use disorder treatment outcomes and creates program-level outcome reports on a quarterly basis. Client outcomes for SUD treatment are monitored through CalOMS and specifically, through a performance objective that measures abstinence or reduction of alcohol and other drug use. The CalOMS frequency of use fields are used to calculate these results on a quarterly basis for each provider and final results are calculated after the end of the fiscal year. Quarterly and final reports are posted online to the public SFDPH website. Mental Health and SUD outcomes are discussed at Provider Meetings on a quarterly basis. Program-level outcome reports are posted on the DPH public website for easy program access, and annual program summary reports are provided to the BOCC for use in annual Monitoring Reports. Outcome reports are also presented and discussed at monthly Quality Improvement meetings. For FSPs, quarterly and "key event" functional outcomes (e.g., hospitalizations, arrests, changes in housing stability) are collected and reported to FSP providers at quarterly meetings. Programs not meeting outcome objective targets must develop action plans to improve outcomes, which are reviewed in BOCC monitoring visits.</p> <p><b>Other Sections:</b> <u>HIV Health Services</u>: ARIES data used to measure key indicators that demonstrate a level of quality care, including against local and Federal benchmarks. Aggregate results of quality indicators are presented to HIV Community Planning Council annually. Other sections utilize different forms of collected data; All data pertaining to above and other sections feeds into BOCC monitoring of performance objectives and outcomes.</p>	Ongoing, quarterly program-level reports online, and during annual monitoring visits or desk audits	<b>X</b>		<b>X</b>	<b>X</b>
Monitoring Timely Access to Care	<p><b>BHS:</b> Monitors a range of timely access metrics required by DHCS for both Mental Health and SUD. Metrics include time to first offered appointment, time to first treatment service, time to outpatient psychiatry appt, time to follow up appt after inpatient hospital discharge, among others. Metrics are reviewed at monthly Quality Improvement Committee meetings and are reported to DHCS annually through the EQRO annual review. Timely access metrics that are included in program performance objectives are reported at the program-level. All others are reported at the BHS system level and are reviewed in Quality Improvement Committee meetings.</p>	Quarterly monitoring, annual report to DHCS			<b>X</b>	<b>X</b>
Program Utilization Review and Quality Committee (PURQC)	<p><b>BHS (Mental Health):</b> Regular review of client charts by an internal agency committee to determine if the client is getting the appropriate level of care, and if the charting descriptions meet required standards. This fulfills BHS requirements with State for UR process; also involves SOC staff.</p>	Annually				<b>X</b>

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<b>3. Fiscal Monitoring</b>						
Fiscal & Compliance Monitoring	BOCC participates in the Citywide Fiscal and Compliance Monitoring administered by the Controller's Office, and includes all other city departments funding the CBO (if any). The monitoring covers all DPH contracts (BHS, HHS, MHSA, etc.). The monitoring includes CBO's financial statements review, invoices, governance, internal controls and other compliance standards such as the Public Access ordinance and Emergency preparedness.	Type of monitoring is decided on annually. The monitoring can be a site visit or a self-assessment/desk audit. Agencies in good standings can get a monitoring waiver in some years.	<b>X</b>			
Audited Financial Statements Review and Scoring	CBO's are required to send their audited financial statements annually six months after its year-end close date. BOCC tracks the submission of these statements, review and score them. Scores are recorded each years to determine any negative trends that raises concerns or prompts for technical assistance. Scores are also used to determine the type of the Fiscal and COmpliance Monitoring mentioned above.	Annually	<b>X</b>			

Updated June 2019, MR: [Budget/Business Office-MR/Information Summary/Compliance/Updated 6-2019 HC Compliance Monitoring and QM Functions \(working\)](#)

Updated April 2021 by BOCC to add fiscal monitoring

Updated February 2023 for BHS QM sections.